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“Actually there is a brain in there”: Uncovering complexity in pathways through education for young adults who have been in care

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Abstract

Internationally, research has highlighted disruption to the educational trajectories of young people in care, documenting concern about upheaval and poor educational outcomes. We present findings from English data arising from qualitative longitudinal research with care experienced people (16-32 years) who were also in education, employment or training. The analysis extends understanding of the experiences of those who achieve educational ‘success’, including those who followed non-linear trajectories. The need for a flexible education system, and leaving care entitlements, which take into account the disruption experienced by young people in care and the consequent possibility of delayed educational pathways, is discussed.

Keywords: Education; children in care; qualitative longitudinal research; policy and practice

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Introduction

This study examines the educational pathways of young people and adults who have been in care, reporting on findings from longitudinal qualitative research conducted in England as part of a three-country international study involving creative interviewing methods with care experienced people¹ (aged 16-32 years) who were also in education, employment or training. The analysis deepens our understanding of the characteristics, experiences and pathways of those who achieve indicators of educational ‘success’, such as accessing higher education (HE). We also compare the factors that have made a difference to those who have followed ‘normative’, ‘on-time’ educational pathways, and those who have achieved educational ‘success’ despite delayed, disrupted and non-linear trajectories. The assumptions inherent in administrative datasets² about ‘normative’ timing of transitions are also highlighted, revealing how policy, research and practice may underestimate the educational achievements of people who have been in care, and so fail to understand how to support education for young people whose complex circumstances and care pathways disrupt ‘normative’ trajectories and timescales.

¹ Throughout, we use the term ‘care experienced’ rather than ‘care leaver’, unless referring to people who meet the English legal definition of ‘care leaver’, a definition which does not apply to all care experienced people. A ‘care leaver’ has been looked after for at least 13 weeks since the age of 14 and either still be looked after or have left care; only people who meet this definition are entitled to after care support. See Boddy, Lausten, Backe-Hansen and Gundersen (2019).

² Administrative datasets refer to official national datasets which record data on children in care and care leavers. In England the official datasets in question are the ‘SSDA903’ reports which are produced annually by the Department for Education using data collated from local authorities.

Background and policy context

A substantial international literature has reported that the educational trajectories of young people in public care systems are characterised by disruption and poor educational outcomes, when compared with the general population (e.g. Flynn, Tessier, and Coulombe, 2013; O’Higgins, Sebba, and Luke, 2015; Stein and Munro, 2008). Within the English education system, pupils take GCSE (the General Certificate of Secondary Education) examinations most commonly when they are 16 (at the end of Key Stage (KS) 4). Data published by English government record that 13.6% of looked after children achieve five GCSEs graded A* to C (including English and Mathematics), by the time they are 16 – i.e. within ‘normative’ timeframes – in contrast to 53.1% of all young people of the same age (DfE, 2017). Only a small proportion of care leavers¹ are documented to be in post-compulsory ‘higher’ education by the time they are 21³: DfE statistics (2018) record that almost 6% of 19-21 year olds who were in touch with their local authorities were in some form of ‘higher’ education.

In England, policy measures introduced over the past 14 years have aimed to improve educational outcomes for children in care, reflecting ongoing concern about low attainment levels. These policy interventions include making it the statutory duty of local authorities to promote the educational achievement of children in its care and ensure all children in care have a personal education plan (Children Act 2004; Children and Young Persons Act 2008). The Children and Families Act 2014 introduced the role of ‘Virtual School Heads’, tasked with overseeing the educational attainment of each child in care in their local area, and a policy of ‘staying put’ for young people who wished to remain in foster placements post-18⁴.

³ Within DfE data, ‘higher education’ is defined as all studies at a higher level than A-level, and so includes non-university studies in vocational and further education (e.g., BTEC levels 4 and 5).

⁴ There is currently no equivalent entitlement for young people in residential care, although this has been piloted under the aegis of ‘Staying Put’ (National Children’s Bureau, 2014)

Notwithstanding these policy measures, participation rates for care leavers in higher education (HE) remain significantly lower than in the general population. Harrison's (2017) analysis linked HESA statistics with the National Pupil Database, and showed a significantly higher rate than in DfE published statistics (11.8, compared to 43.1% for all young people). By tracking care leavers up to the age of 23 years, Harrison's analysis captured educational achievements outside of 'normative' timeframes; it is still likely to be an underestimate as available data do not account for HE entry after 23 years of age.

The potential for the care system to have a positive impact on the education of looked after children was illuminated by Jackson et al.'s (2005) landmark research, exploring the experiences of 129 care experienced people in HE. Their participants were similar to the wider population of children in care in their pre-care experiences of abuse and neglect, but many said entering care had changed their life trajectories for the better, noting the critical influence of supportive foster carers. And whilst people in their study had experienced greater placement stability than most young people in care, for some who had experienced difficulties in their placements, school was a refuge offering constancy and support. More recent evidence (e.g. Welsh Assembly Government, 2017; Sebba et al. 2015) of the protective potential of the care system documents higher levels of educational attainment for children in care compared to children in need living at home.

Harrison's (2017) analysis documents the significance and extent of delayed routes to educational milestones, demonstrating that two-thirds of care leavers in HE arrived via alternative educational pathways – such as retaking examinations or 'access' courses⁵ – entering university at later ages. Yet published (DfE) administrative data only record

⁵ A route into HE for those who do not meet standard grade requirements.

participation in higher education from 19-21 years – timeframes that might be considered ‘normative’. Given the disruption to education faced by many young people in care, it seems surprising that administrative data do not record ‘off-time’ educational achievements: for example, achievement in key school exams at older ages, engagement in university ‘access’ courses, or later entry to HE. There are clear benefits to understanding which young people at the population level achieve educational qualifications within ‘normative’ timeframes, including understanding the need for additional educational support. But the absence of national administrative data on ‘off-time’ educational achievements means that not enough is known about less straightforward pathways to educational ‘success’, and this knowledge gap has critical implications for the timing and flexibility of after-care support for educational participation.

The restricted focus of administrative data on ‘on-time’ educational outcomes, and resultant lack of understanding of alternative or delayed pathways, is problematic in several ways. First is the risk of adding to stigmatisation and low expectations for care experienced people, contributing to an essentialising characterisation of a problematic ‘other’, unlikely to succeed in relation to societal norms – and this may in turn result in policy and practice marred by low expectations. In this light, standardised outcome indicators could be seen to function as Foucauldian ‘regimes of truth’, establishing a hegemonic narrative of educational ‘success’ against which care experienced individuals are evaluated, whereby success (and crucially, potential to succeed) *outside* those normative pathways is not recognised. This risk has practical implications. If low expectations combine with failure to recognise the complex temporality of educational pathways for many care experienced people, there may be less attention in policy and practice to opportunities to follow alternative routes, or to facilitate return to education in early adulthood – and this may perversely add to the challenges and

potential disadvantages that young people face. Moreover, by rendering invisible the population of care experienced people with delayed educational pathways, the narratives available to professionals *and* young people are reduced, potentially limiting possible imagined future selves (Markus and Nurius, 1986).

To understand how best to support care experienced young people through complex and disrupted childhood experiences, it is important to learn from the achievements of those who have followed ‘off-time’ educational pathways despite the complex challenges they have faced (e.g. Action for Children, 2014; Rahilly and Hendry, 2014). Harrison’s (2017) evidence of the achievement of educational milestones outside normative timeframes highlights a critical need for research to build understanding of biographies of education and care among this previously hidden group. There is a need to recognise and respond to the complexity of care experience – accounting for risks of disadvantage *and* the potential of care systems to contribute to good outcomes for young people moving into adult lives, and so illuminating approaches to supporting educational pathways. Our research addresses these concerns using narrative accounts arising from qualitative longitudinal research with young adults who were in care in England.

The study

This paper draws on a cross-national study, *Against All Odds?* (see Acknowledgements), which involved Denmark, England and Norway. The research as a whole set out to understand what ‘doing well’ means for people who experienced out of home placement during childhood, and combined secondary analysis of national administrative data;

qualitative longitudinal research with care experienced adults (16-32 years old); and a cross-national documentary review of relevant legislation and policy frameworks (see Boddy, Bakketeig and Østergaard 2019; Boddy et al. 2019).

The three countries' higher education systems differ in ages of participation, fee structures and opportunities for flexible pathways, and these key differences shape meanings of 'on-time' participation in HE (Boddy et al. 2019). To avoid the risk that these intersecting factors might obscure our discussion of the implications of care experience for timing of pathways through education because, we focus here on a single national case, using data from qualitative longitudinal interviews in England.

Twenty-one young adults (aged 16-32 years) were interviewed in England; all were in education, employment or training (full or part time) and were recruited through sources including non-governmental organisations, local authority services, and publicity on social media (Twitter and a Facebook group for care experienced people). This range of recruitment strategies enhanced sample diversity, including geographical spread. We did not seek to construct a sample that would be representative of the heterogeneous population of young adults who have experienced care, but aimed to understand the experiences of those who identify as doing well, and so it should be noted that participants were willing to identify as care experienced and as 'doing well'.

The qualitative longitudinal approach involved three interviews over one year, incorporating creative methods (music and photography) designed to illuminate 'lives lived' across time and in the everyday. At the first interview participants were invited to complete a life chart addressing four domains (living situation, family, education/employment, and free time) and

asked about their current situation; they were also given a digital camera and asked (a) to take photos over a week that showed what was important to their everyday life, and (b) to choose a piece of music with positive associations (following Wilson, 2013). The second interview, at least one week later, focused on discussion of participants' photographs and music choices, followed by questions about future plans and expectations. Approximately one year later, the third interview focused on the previous year, and incorporated a future life chart, addressing the same domains as the life chart in interview 1. Research in England was conducted with ethics approval from the University of Sussex (ER/JMB55/2). Core ethics considerations such as confidentiality, anonymisation and duty of care were paramount, and particular care was needed to ensure that linking across multiple forms of data, combined with the biographical approach, did not give rise to identifiability. Recognising the complex sensitivities of participants' experiences, methodological choices were ethically informed: open methods such as the life chart, along with time to reflect on photos and music (including the option of deleting photos with a digital camera) helped give people control of their accounts of their lives.

Analysis followed a case-based approach (following Thomson 2009), attending to the particularity of individual biographies over time before looking across cases to examine cross-cutting themes and to interrogate similarities and differences. Table 1 provides information for the sample as a whole on key aspects of care history and educational pathways. Here, we focus on 10 people who took part in England, selected as *emblematic* rather than representative (cf Thomson 2009), chosen because their experiences of the intersection of education with other aspects of their lives illuminate the complexity of educational pathways, and hence the importance of thinking beyond 'normative' timeframes.

INSERT TABLE 1 HERE

‘Normative’ educational pathways?

Before exploring the experiences of those who do not achieve educational milestones within ‘normative’ timeframes, it is worth spending some time considering what we mean by ‘normative’ and the assumptions – about care histories and educational pathways – implicit in that term. Richard and Sophie provide examples of care experienced people whose educational pathways may be described as ‘normative’: both completed GCSEs when 16 years old and gained sufficient A-levels to enter university aged 18 years. Their care histories appear to fit with existing literature which suggests that this group has the best chance of educational success (Sebba et al., 2015): both had stable long-term placements and entered care at young ages (see Table 1). However, although their educational pathways appear ‘normative’, they were not without barriers. Richard explained that he had faced stigma and low expectations from educators and social workers whilst in care; these experiences were common to many cases in our study. During his interview Richard recounted a Personal Education Plan (PEP) meeting where he was told that he was not doing well:

I was in Year 8 or 9 and they told me that my grades weren't good enough and stuff. And it was just six people sat round this room telling you that you aren't doing well. [...] it was just, it was dashing. [...] Thirteen and you're condemned to failure. [Richard; int 1]

As well as feeling unsupported at school, Richard also experienced bullying and debilitating anxiety which isolated him from his peers. However, his educational outlook was turned around when his foster mother activated therapeutic support for him.

Sophie did not face low expectations in school, but a difficult relationship with her foster mother meant that her motivation to attend university came in part from a desire to “get out of here” following a breakdown of their relationship. In Sophie’s case, support came from her foster father:

I got a Kindle when I was quite young for one of my birthdays [...]. My dad [...] just literally linked his card to my Kindle account without my mum knowing [...] he was like, “If there’s a novel or a book you see you can get it for yourself.” [...] My mum didn’t find out for a very long time. When she did she like blew the roof, she was so angry. [...] But my dad always saw that as important. [...] We were always really, really close because he was always teaching me stuff. [Sophie; int 1]

Sophie described him as someone who nurtured her love of learning and reading, and – as she said later in her first interview – her “ally” when she and her foster mother clashed. They developed a close supportive bond, and this was evident throughout her account. In her first interview she described his recent DIY help around her flat, and she shared a photo in her third interview of her cat lying on a blanket which he had crocheted for her, a blanket which she said was one of her most treasured possessions (see Figure 1).

INSERT FIGURE 1 HERE

Sophie and Richard both described teachers at school from whom they received interest and encouragement, and these experiences were significant in nurturing self-belief and forging academic identities. For example:

There was a few [teachers] that absolutely shaped the person that I am, I suppose, and what I decided to do [...] Like I [...] never really believed in myself very much, and they just sort of pushed me in the right direction. [Sophie; int 1]

Richard and Sophie's accounts exemplify the dangers of assuming straightforwardly 'normative' pathways: both encountered distinctive challenges associated with their experience (and positioning by others) as a child in care, and both illustrate how external support – from foster carers, teachers, and counsellors – afforded possibilities for overcoming the difficulties they faced and achieving the apparently 'normative'.

Several people in the study confounded (low) expectations by achieving educational milestones within 'normative' timeframes in spite of significant disruption in their care and education histories. Rebecca's experience illustrates how stability and support once in care can be protective even for late entrants and those who have faced significant educational disruption. Throughout her childhood, Rebecca had long periods out of school because of bullying (something that was very common in our sample), and spoke of fighting to defend siblings who were also bullied, as a result of neglect at home. This experience led to her being excluded from school on several occasions, and she spent periods in a school for children with emotional and behavioural difficulties. But when first interviewed at 18, she was awaiting her A-Level results, living with the foster carers she was placed with when entering care aged 13. As well as a close relationship with her foster parents, Rebecca described a positive relationship with her school counsellor and with a past social worker who was still in touch. Her local authority 'Virtual School' had also been instrumental in activating education support for her, arranging an English tutor to help her to catch up on

schooling, and providing guidance on routes to university or work, so she felt well-informed on the opportunities open to her.

The Virtual School, they've been helpful [...]. [Virtual School worker]'s just been giving me all the information I want. [...] Like she's really sort of so open about it and she understands where I'm coming from and everything. [Rebecca; int 1]

Interviewed a year later, Rebecca had completed her first year of an undergraduate degree and was continuing to receive support from her foster carers, with whom she was staying during the summer holidays. Like Richard and Sophie, her experience of stability and support once in care afforded the possibility of achieving the 'normative' in terms of her educational milestones, despite her later care entry and previous significant educational disruption.

The experience of other participants reminds us that even when outcomes appear 'normative', pathways are not necessarily straightforward. Like Rebecca, Karen was a late entrant to care (13 years old) and experienced significant educational disruption, in this case associated with her placement into care. School had previously been a positive experience for her, despite the abuse she faced at home, but it turned overnight into a place where she stood out as "the girl who had police in school and was never in lessons". "Everyone knew I was the girl with the bin bags" of belongings which she had to take to school because of frequent placement changes. Only after moving to a therapeutic institution following multiple foster placements and escalating mental health needs did Karen receive the educational and therapeutic support she needed.

I wanted to do a foundation paper, and I remember my maths teacher really losing her rag with me and being like, you're not doing the foundation paper. And that was a

really big moment [...] She believed in me [...] that was so good. And I really wanted to argue back with her [...] but actually I was secretly happy. [Karen; int 1]

Karen's subsequent placement move, to a residential home, was very positive for her as this had always been her preference (rather than a family placement), but up until that point she said she had not been listened to. At the same time, she formed a strong bond with a counsellor who advocated for her throughout the rest of her time in care and beyond.

She was on my side all the time for everything. [...] And she would embarrass herself in meetings, like really embarrass herself, when everybody was against her. And I felt that she felt angry for me, really cared [...] I felt like she wasn't looking at budgets and statistics. She was really interested in what was best for me, and wasn't just focusing on all the bad things. [Karen; int 1]

The practical and emotional support of her former counsellor continued informally long after their professional relationship had ended, a relationship that was vividly conveyed in her second interview when she shared a photograph of them together at her university graduation:

[Graduation] was a really happy day. [...] When I went on stage [former counsellor] was cheering and stuff and you're not supposed to do that [...]. She was so excited. She was crying actually; it was so embarrassing. I had to get her a tissue. [...] I feel very proud. No one thought I would...genuinely, other than [former counsellor] and...in my care reviews, it would be like, lots of people don't succeed at university. So, to me that was like, in your face! [Karen; int 2]

Not only did Karen confound the expectations of most of the professionals around her by achieving the ‘normative’ in terms of her educational outcomes, by her third interview she had begun a Masters degree.

Given evidence that factors such as late care entry and educational disruption are associated with lower chances of educational ‘success’ (e.g., Sebba et al. 2015), it would be easy to have low expectations of young people like Rebecca and Karen. Their experience shows that when the system works well – as it eventually did for both of them – it is protective and can allow even those who have experienced late care entry, disruptive educational pathways, significant mental health needs, and multiple placements to achieve in education. Neither could be said to have ‘normative’ pathways through childhood, but in both cases the care system eventually afforded them professionals who offered them continuity, encouragement, advocacy and the support that they needed to make the most of opportunities and to achieve ‘normative’ milestones in education.

Delayed milestones; hidden successes

To address the limited discourse of educational successes available to professionals and young people, and to counter perceptions of alternative pathways to higher education as ‘illegitimate’ and ‘inadequate’ (Harrison, 2017, p. 72), requires attention to factors associated with those who have achieved educational ‘success’ despite delayed, disrupted and non-linear trajectories (e.g., Mendis, Lehmann and Gardner, 2018). Within our sample, 10 out of 21 interviewees had delayed educational milestones (see Table 1). The reasons for their delay were diverse and included both pre- and post-care factors, including: not having the required grades to move on to post-compulsory education, often as a result of earlier gaps in education (Frank; Claire); mental health issues frequently relating to their pre-care histories (Frank; Jo;

James); lack of information on the significance of examinations and routes to university (Claire; William); and the timing of significant life events such as the death of a parent during key examination periods (Jo; Claire). Others required more time for educational aspirations to develop before returning to education (Jack). In this section, we consider individual cases which illuminate key aspects of delayed pathways to educational milestones. The cases are not selected as representative of the sample, but as *emblematic* – offering insights into complex processes of disruption and delay, as well as experiences which facilitate continued educational progression in spite of disruption.

Support for mental health and additional education needs

Welbourne and Leeson observed that ‘in order to make educational progress, [young people placed in care] will often need support to cope with the emotional after-effects of neglect and abuse as well as specific educational inputs’ (2012, p 135). Within our study, Frank’s account illustrates the experience of someone whose (unmet) mental health support needs were the main barrier to ‘on-time’ educational progression; his return to education was facilitated by a system of support eventually ‘working’ by providing him with the therapeutic intervention and ‘specific educational inputs’ he needed to get him back on track. He entered care in middle childhood, and experienced stability in terms of his foster placement, although he also said he rarely received encouragement and praise from his foster parents. His mental health struggles, which surfaced when he was first placed in care, came to a head at college and culminated in him dropping out of his course. One-to-one therapeutic work with his social worker, together with additional therapeutic support and specialist tutoring because of his dyslexia (which was activated by his social worker) enabled him to return to his studies. He explained:

She [social worker] understood... She got to know me. [...] She understood my needs and she helped me rebuild [my confidence]. She allowed me to take my own time.

[Frank; int 1]

When first interviewed at 22 years of age, Frank had completed his college course and was about to finish an apprenticeship, having already secured full-time employment with the same employer. During his second interview, Frank's account of a photo (see Figure 2) he shared of his National Record of Achievement folder⁶ provides a clear articulation of the impact of the mental health and dyslexia support he finally received.

That's probably my...for me...my biggest qualification [*indicating a particular certificate*], because [...] when I left secondary school I had a grade E for English and maths and I wasn't happy with that. [...] [When I did English at college] I did exactly what I did at school but on a computer. I was a lot more older, I had a bit more support and I felt more confident. [...] And this was, again, another turning point because it made me realise that actually there is a brain in there. [Frank; int 2]

INSERT FIGURE 2 HERE

For Frank, what he had achieved within 'normative' timeframes was not the summation of his achievements. Instead, the qualifications he subsequently gained at college – with support such as access to a computer for exams – were the ones he recognised as the true representation of his abilities. Achieving educational success was important to Frank because of the opportunities it opened for his career ambitions, but also for his identity: he had proven himself as someone who could succeed in education and get qualifications, no matter that

⁶ A National Record of Achievement folder used to be given to secondary school pupils in the UK as a place to collate their academic and non-academic documentation of achievement. The practice stopped in the late 2000s.

they were not ‘on-time’. As he says, “there is a brain in there” – but his need for therapeutic support and specialist provision in education because of his dyslexia had to be addressed before he could achieve this educational success. Frank’s account of his photo highlights the disservice done to young people in care when educational outcomes are only understood within normative timeframes, and his analogy indicates how normative expectations function as a restrictive lens. When we *fail* to see ‘the brain in there’ because a young person does not achieve normative outcomes within normative timeframes, we not only underestimate their potential, we risk imposing that underestimation on young people’s understanding of their present and imagined future selves. For Frank, his social worker’s support to rebuild his confidence in his abilities was crucial in laying the foundation for his educational achievements. In this, his account has parallels with those who followed ‘on time’ pathways through education – the difference is in the *timing* of the support. His experience also reminds us that (relatively) early care entry and a stable foster placement are not necessarily enough.

The experiences of Frank and Karen call attention to the need for appropriate mental health *and* educational support to address legacies of care and pre-care experiences, in order to afford young people in care the time and opportunity to reach educational success. These findings reflect earlier research by Heath et al. (1994), which suggests that rather than failing to progress in their education, children in care have difficulty catching up with their peers because of initial academic disadvantage owing to pre-care or early care experiences. The critical nature of ‘greater than average inputs’ (in the form of therapeutic or educational support for children in care) for ‘greater than average progress’ has also been highlighted by Welbourne and Leeson (2012, p138):

opportunities to provide educational support created by recent policy changes will only offer substantial benefit to children if coupled with therapeutic support where needed, including specialist assessment of needs in relation to education.

Continuing support through higher education

Jackson and colleagues' (2005) research found that lack of adequate support from institutions or local authorities, combined with gaps in schooling and relationship and emotional issues, contributed to difficulties for some care experienced students in higher education. Harrison's (2017) study showed that care leavers were more likely to withdraw from higher education compared to the cohort of students as a whole, even when demographic factors and prior qualifications are taken into account; care experienced students in his qualitative research also wanted greater support from within their institution and better liaison between local authorities and universities. These findings are consistent with the experience of several people in our sample, for whom the failure of universities to provide adequate support for educational needs had critical impacts on educational progression.

For Natalie, inadequate support for her dyslexia resulted in failed exams at university; with the support of her social worker her needs were recognised in her final year, and by our final interview she had completed her degree and continued to a Masters programme. For Nicola, lack of support culminated in her dropping out part-way through her final year; it was only following a chance encounter with a person of influence that she finally managed to secure her place again and access learning support (see Boddy, Bakketeig and Østergaard, 2019, for a fuller discussion of this case). James began an undergraduate degree aged 29 years, despite having highly disrupted education as a child, as well as multiple placements and significant difficulties including a period in prison in early adulthood. In his interviews he described a

long-held desire to study for a degree, and so securing a place at university was a significant achievement. However, he faced significant challenges, including difficulties enrolling because of a criminal record, which consequently delayed his dyslexia assessment, and prevented him using the library and other university resources. He also described discrimination and judgement from some staff because of his background:

I just felt disheartened by that experience and quite disappointed [...] I wanted a relationship where I could go and be vulnerable and say, “Look, I’m experiencing these feelings and this thinking and this is where my challenges lie”. [...] I didn’t want to make a complaint because of my situation with the enrolment [...] and I was going through all these thoughts and feelings like [...] “I’m not good enough, I can’t do this.”

Natalie, Nicola and James’ experiences at university remind us of the critical importance of continued support in higher education for care experienced people, and of the need to recognise and accommodate support needs even when – as in James’s case – access to university comes many years after leaving care. Continuity of support was also a concern for those – such as Natalie, Claire and Jack – who went on to Masters study; the absence of local authority policy or provision for care experienced people going into postgraduate education, including lack of financial support, posed a significant challenge for those who could not rely on familial help.

Low expectations and a lack of information

Earlier we argued that, when administrative data only attends to educational performance within normative timeframes, this underestimates the potential achievements of care experienced people, and may contribute to lowered expectations for an already stigmatised

group. Claire's experience illustrates this risk, showing how a lack of timely support and information, associated with her definition as 'other' by key figures such as teachers, was both stigmatising *and* disruptive, creating unnecessary delays in her educational pathway. During childhood, Claire experienced multiple placements, and gaps in her education where she had missed schooling due to placement changes, but she also spoke about low expectations and lack of support from teachers at school, including one who routinely called her 'useless'. As for many people in our study, her educational pathway intersected with other complex experiences – in her case a placement change and the death of a parent coincided with important exams at 16 years of age:

I'd started having contact with [parent]. [...] And then [parent] died [...] two weeks before my GCSEs. [...] I just, just got my five GCSEs, which was lucky, because I don't know what I'd have done if I hadn't got those. *[Int: Did you get any support around that time?]* No. [...] the school said to me, you can sit your exams in a room on your own if you want. And I was like, the last thing I want to do is be sat on my own. [Claire, int 1]

With the ambition of going to university, she continued her studies and passed her exams. But she did not know that she needed specific grades to enter university: "I finished that course, but no one had told me about these bloody UCAS points." As a result, Claire was forced to work for a period after finishing school; she eventually got into university following completion of an 'access' course, but hers is one of a number of cases where lack information followed from low expectations, actively creating educational disadvantage. For Claire and others, delays in educational pathways and the need to pursue alternative routes to higher education may not have been necessary, had they accessed appropriate and timely information and support.

Some young people in our sample described being stigmatised by the very educational professionals who were tasked with supporting their educational progression, as illustrated by Maria's experience. Her foster family's circumstances meant she had to move from a secondary school where she felt well supported to a new one where, she explained, one teacher told her, "the apple doesn't fall far from the tree". Her vivid account reveals the ways in which expectations frame opportunities:

There was a lot [of teachers] that didn't expect anything from me because of my experiences. Which is really sad. [At the new school] they lost one of my exam papers [...] [The] teacher said in class that I never would have got above a D anyway and read out some of my answers. [...] I still get upset over it. [...] They remarked it anyway. I got a B in it, so it was fine. [...] I think it's just the assumption that if your parents do badly you do badly. But it's fine. [...] Teacher [at old school] rooted for me so that's the reason they did the remarking.

As is evident in her account, the stigma – and public shaming – that Maria was exposed to continued to impact on her emotionally years later. Strikingly, her music choice, which reminded her of good times at school, was a song entitled 'Give a Little Respect' (by Erasure). But her account also highlights a crucial element of chance, in the supportive teacher from her previous school who stayed in touch and believed in her potential, and went out of their way to ensure that her paper was found and re-marked. Her experience raises a critical question about what happens to those who do not have a teacher or an adult 'rooting' for them to counter the barrier of low expectations, disruption and delays in educational progression.

Chance

By studying the experiences of a variety of individuals who achieve educational milestones despite delays and disruption, it is possible to interrogate factors that enable return to education – beyond appropriate and timely therapeutic support, and ‘specific educational inputs’ (Welbourne and Leeson, 2012, p 135). Within our sample, one factor which emerged with some frequency was chance: this was evident in cases where opportunities for educational progression, for young people whose education was disrupted and delayed, relied on factors outside of the opportunities or scaffolding built into care or education systems. In these cases, opportunities were contingent upon chance factors such as individual discretion, or possibilities to activate discretionary help from gatekeepers or professionals. In common with several others in the sample, Jack’s case provides an illustration of the critical role played by chance encounters.

Jack described himself as someone who had not been engaged with learning at school; he said that he struggled with his emotions when he was placed in care at 10 years of age, and this often played out at school. Unlike Frank, Jack’s need for emotional support was never recognised by any of the professionals around him:

I don't think anyone [secondary school teachers] sort of thought, oh actually maybe he could do with a bit of support. I never had any support. [...] I just think having someone nice to talk to...even just to find out how I could get clued into education rather than just like...have teachers that I wanted to argue with all the time. [...] I think maybe it would help. [Jack; int 1]

The lack of timely support for these emotional struggles meant that it took Jack longer than it might have to get “clued into education” and to realise his academic potential. He left school

after his GCSEs to pursue an apprenticeship and progressed into full-time employment. But he noticed the success that his friends expected for themselves, and this spurred him on to apply to college. During the interview for the course he was told that he risked not qualifying because he did not have the required Maths GCSE grade, but the head of the course decided to take a chance on him because of his relevant work experience, on the proviso that he restudy Maths at college:

[The head of the course] put me on my course, which was quite a significant point because if she'd said no then I wouldn't be here now...which is quite a significant thing for me. [...] That was a big moment. [Jack; int 1]

In his observation that, 'if she'd said no then I wouldn't be here now', Jack recognises this chance decision as a major turning point in his life, bringing to mind Thomson and colleagues' (2002, p336) concept of 'critical moments', shaped by the 'combination of structural conditions, individual response, timing and chance'. Jack went on to achieve top grades in the course, and – with additional tutoring provided by social services – secured his Maths qualification. Jack continued to confound expectations and to enjoy doing so: he completed his undergraduate degree with first class honours and at his third interview had recently started a Masters degree.

The stability and support Jack experienced from his parents, and foster carers – who had always told him that he could come back to stay with them any time – together with financial support, allowed him to take educational opportunities when they arose and to succeed at college and university. Without that initial opportunity given to him by the head of the college course, he may not have achieved those milestones – and he was keenly aware of this:

[Int: *What are you most pleased about from the last year?*] Graduating with a First would have to be the thing for me. [...] I mean, being written off at school to, you know, graduating with a First is sort of completely... [...] significant moments like that helped me get to where I was [...]. The actual lady that put me on the course at college passed away [...] but I did message her colleague [...] and I said, you know, “I got a First at uni” [...]. They gave me a chance and I did enough. [...] I left my job [...] to go back to college, you know, everything paid off in that one moment. [Jack; int 3]

Jack’s experience highlights the precarity of educational ‘success’ for those who are forced to rely on chance rather than on flexible opportunities built into the system (see also Boddy, Bakketeig and Østergaard, 2019). What happens to people who do not achieve educational qualifications within ‘normative’ timeframes and who are not, in Jack’s words, “thrown a lifeline”? Notwithstanding their own abilities and efforts, most people in our sample benefited from support (and belief in their potential) from educators, foster carers or other professionals. Their ‘success’ stories show their abilities and potential, whether within ‘normative’ timeframes or not, but their experiences also show the intersection of stigma with lack of appropriate and timely support, exacerbating the challenges they faced.

Conclusions

With an increasing body of literature highlighting the potentially protective effects of the care system for young people’s life chances (Welsh Assembly Government, 2017; Sebba et al. 2015), alongside new evidence which shows a significant minority of care leavers entering higher education at later ages and via alternative routes than are recognised in administrative data collections (Harrison 2017) it is crucial that we learn how to support people when

complex lives disrupt ‘normative’ trajectories and timescales. The analysis presented here illuminates the achievements of care experienced people whose educational pathways remain largely invisible in administrative data, and so are under-recognised in policy and practice. Their experiences also provide insights into complex pathways, and of factors that facilitate and hinder educational opportunities. Participants highlighted the importance of timely therapeutic support and of adequate provision for additional educational needs, whether linked to disrupted schooling or to specific learning difficulties, as well as the importance of consistent encouragement and support from other key people (including professionals) in their lives. Stigma and low expectations functioned as ‘dividing practices’ in Foucault’s (1982) terms, posing an active barrier to educational opportunities. The converse was also true: when professionals believed in young people’s potential, it enabled opportunities and supported educational achievements both ‘on-time’ *and* ‘off-time’. Those without such support and timely information could navigate alternative pathways – sometimes benefiting from chance encounters, but often resulting in unnecessary disruption, discouragement and delays.

How then can care systems ensure that educational opportunities – ‘on-time’ or not – are not left to individual determination or chance? Analysis of Norwegian data from *Against All Odds?* (Bakketeig and Backe-Hansen 2018) highlights the importance of flexible and relational support, accommodating changing needs over time. Our analysis in England also shows the intersection of structural and relational factors, as low expectations and stigma function as clear barriers to education for care experienced people, making it less likely that they will access the support and information they need. But equally, evidence of ‘off-time’ educational achievements within our sample (as in Harrison’s (2017) research) highlights the need for structural support, including flexible pathways, to accommodate the distinctive

needs of care experienced people. Arguably, this is facilitated by the Norwegian system's embedded opportunities for flexibility in both secondary and tertiary education as well as greater state financial support for participation (see Boddy et al. 2019). Educational pathways may well be disrupted as a result of the complex challenges faced by children in care, and this behoves the state, as 'corporate parent', to respond *flexibly* to young people's educational needs – to enable potential and challenge stigma, in order to recognise, as Frank reminds us, that 'actually there is a brain in there'.

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Table 1. Participant characteristics including placements and education

Participant pseudonym*	Age at first interview	Age at first placement	Number of placements	Disruption/difficulties at school	Disruption at school: pre or post care entry or both	Age at entry to FE/HE or delayed pathway/alternative route
Charlotte	16	13	2	Yes	Post	NA
Rebecca	18	13	1	Yes	Pre	18
Toby	19	17	1	Yes	Pre	Delayed pathway/alternative route
Richard	19	4	1	No	-	18
Sophie	19	2	2	No	-	18
Natalie	21	11/12	1	Yes	Pre	18
Max	22	9	2	Yes	Pre	18
Maria	22	14	1	Yes	Post	18
Frank	22	8	1	Yes	Pre	Delayed pathway/alternative route
Daniel	22	<1	>2	No	-	Delayed pathway/alternative route
Karen	23	13	>15	Yes	Post	18
Jack	23	10	2	No	-	Delayed pathway/alternative route
Rosa	24	<1	>4	Yes	Post	Delayed pathway/alternative route
Megan	24	3	5	Yes	Post	18
Nicola	25	12	1	Yes	Pre	Delayed pathway/alternative route
Jo	27	11	2	Yes	Post	Delayed pathway/alternative route
Claire	27	5/6	Multiple	Yes	Pre and post	Delayed pathway/alternative route
James	29	9	>20	Yes	Pre and post	Delayed pathway/alternative route
Anna	29	4/5	6	Yes	Post	18
Ella	30	6	Multiple	Yes	Pre	18
William	32	2	2	No	-	Delayed pathway/alternative route

Note: We use a broad definition of disruption or difficulties at school to encompass experience including: school moves (outside of expected transitions) prior to care entry or related to placement changes; special educational needs; school exclusions; gaps in education e.g. due to mental health or family issues.

*Pseudonyms in bold are cases cited in this article.

Figure 1. Sophie's photo (Interview 2)



Figure 2. Frank's photo (Interview 2)

